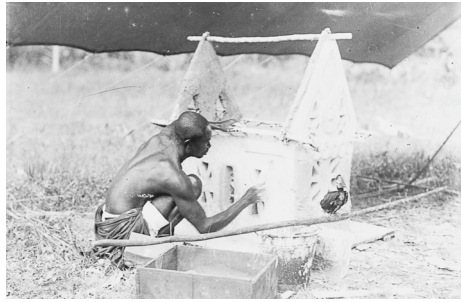


difficult, challenging, and fulfilling. They are not inferior. My experience has also led to an awareness and connection to other kinds of architecture and spaces, including that of the Niger Delta to which Camp's work often turns, but often extended across West Africa, drawn to the traditional tiny buildings. My research proposals also came to speak, with ease, of



"diminutive architecture," recognizing that such architecture was often more significant than the large buildings in the same locales. Small architecture and the intimate spaces that constructed their legibility held a special meaning

for African societies, and I have since tried to understand not only the care involved in producing them but the social mechanisms that produce their value. ^{fig.10} I took to them questions such as, *Can one know whether this is a building or a sculpture?* If buildings can be tiny and inhabited by small sculptures that are themselves regarded as actual beings, or if the very same societies resist attempts to describe or become attuned to both of them, then the scale of the world is suddenly opened to questioning and to the radical instability that can still produce change.

fig.10 Robert Sutherland Rattray, *Whitewashing the Molded Walls of a Model Building—Crate and Bucket*, ca. 1921–1932. Photograph: courtesy Pitt Rivers Museum, University of Oxford

Dex Stories: Living-with, Working-with, Vulnerability Peg Rawes

From the scale of the home to the city, inequalities of care have become even more entrenched in recent years. They have been embedded into everyday corporeality. The Coronavirus pandemic has led to the rapid national and international redesign of soft and hard architectures of life. The result has been new hospitals and vaccine technologies – but also unequal access to core treatments and failures in the supply of oxygen, together with the repurposing of existing drugs. One example of the latter is Dexamethasone, a cheap corticosteroid with anti-inflammatory properties used in blood cancer treatment. Today it is being employed to assist the ventilation of COVID-19 patients. An immunosuppressant, "Dex" has long been used to augment chemotherapy drugs. But it produces unpleasant side effects, including increased blood pressure, appetite and weight gain, nausea, insomnia, and fierce mood swings.

I have been "living with" Dex for the past ten years. I am not a medic or pharmacologist and do not take it myself. Instead, it has been one of my domestic "agental relations" in caregiving since Tom Corby, the artist I live with, was diagnosed with multiple myeloma, a form of blood cancer. Judith Butler describes "living with" as "a relation to a field of objects, forces, and passions that

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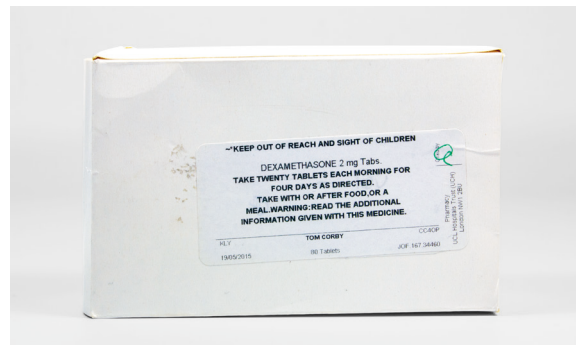
73 Judith Butler, "Rethinking Vulnerability and Resistance," in Judith Butler, Zeynep Gambetti, and Leticia Sabsay, eds., *Vulnerability in Resistance* (Durham, NC: Duke University Press, 2016), 12–27, here 25.

74 Gillian Howie, "How to Think about Death: Living with Dying," in Victoria Browne and Daniel Whistler, eds., *On the Feminist Philosophy of Gillian Howie: Materialism and Mortality* (London: Bloomsbury Academic Press, 2016), 131–44.

fig. 11 *Dexamethasone*, May 2015. From Tom Corby, *Blood and Bones: Metastasising Culture*, University College Hospital, London, 2019

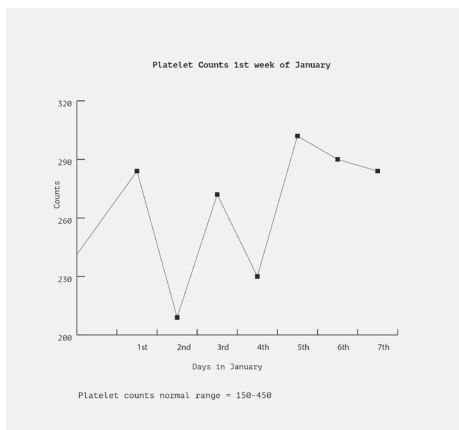
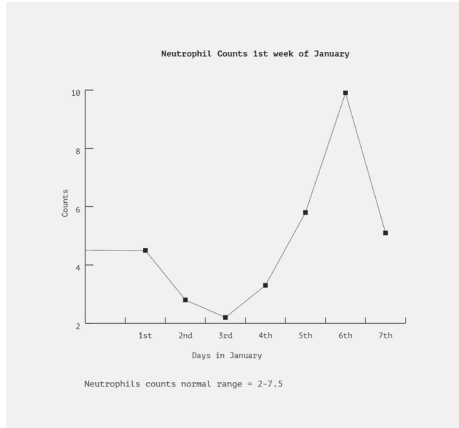
impinge or affect us in some way." 73 These lived experiences could also be understood as living with a proximity to vulnerability. In "How to Think about Death: Living with Dying" (2012), the philosopher Gillian Howie examines life-limiting illness, arguing that bringing critical thinking to such life stories demystifies ignorance and discrimination of the vulnerable and can simultaneously affirm the singularity and collective agency of those who live such lives. 74

Corby's art practice examines the environmental and expressive intersections of bodies, environments, climates, and their data. Within this practice, Corby's research project and exhibition *Blood and Bones: Metastasising Culture* (2013–2019) charts his body's affective, psychological, and physiological "data" during six years of oncology treatment, which included a stem-cell transplant and extended periods of self-isolation akin to COVID-19 shielding. Using diary entries, graphic visualizations, photography, and drawings, Corby shows the physical, temporal, and emotional experiences of "living with" the illness and the impact of lengthy treatments. These include the ongoing presence of Dexamethasone, used to treat the cancer in combination with chemotherapy and immunomodulatory drugs and to enhance their efficacy. fig. 11 Two graphs show the daily rise and fall of Corby's immune system and blood platelet production during a treatment known as "PAD," a combination of three drugs, Bortezomib, Doxorubicin, and Dexamethasone, which preceded a stem-cell transplant and, during this period of treatment from 2012 to 2013, required him to self-isolate for six months. figs. 12 and 13 Three drawings of chemotherapy infusions prior to the stem-cell treatment are shown. figs. 14–16



Corby's artful expressions of "living with" dis-ease now resonate afresh with our present-day architectures of vulnerability and care in the pandemic. Returning to look at Corby's visualizations of cancer treatment in light of the daily corporeal architectures of COVID-19, which have been streamed into our homes via public health briefings since spring 2020, reveals new multiscalar experiences of the dis-ease of living with life-limiting illness. While the topic of life-limiting illness may be too painful for many of us to dwell upon, the pandemic has brought our vulnerabilities sharply into focus and shown the extent to which our bodies and our relationships are composed of social, environmental, and biopolitical understandings of ourselves. Most immediately, the images

preview the experience of self-isolation by those who have been classed as “vulnerable” during the COVID-19 pandemic. Second, they show the dis-ease of living with a life-limiting illness and the pharmaceutical impact of the drugs on the self and his body. In addition, Corby highlights the biopolitical nature of “life” in which the artist’s body is not only a producer of data or information – a record of contemporary National Health Service healthcare provision in the United Kingdom and its close interaction with the pharmaceutical industry – but also a deeply personal record of his experiences. In this respect, *Blood and Bones* provides us



with the potential to learn from vulnerability and to also understand the management of health and of illness on an individual basis and through an advanced Western healthcare system (now also highly vulnerable to extractive corporate interests).

Howie’s thinking about living with life-limiting illnesses, or alongside someone with such a diagnosis, resonates powerfully here with its attention to experience that comes from vulnerability. She recognizes how feelings of self-grief that such a diagnosis produces can lead to mental and physical time and space becoming finite in distressing, fearful, and isolating ways. For some, however, the trauma of a diagnosis not only makes work but can also be put to work. If an individual can live

through (bear) these intense states of alienation, at other times dis-ease may enable engagement in one’s own and others’ worlds: of self, work, family, community, friendship, politics, and poetics. Time is lived differently: not “having time” means that powers of self-determination are intensified.⁷⁵ And, for those of us who give care, this may also require learning to create “holding” relations rather than relations of touch, especially when the dis-ease is too painful for the individual who is ill.

Corby’s, Howie’s, and Butler’s examinations of vulnerability therefore help show us how caregiving can be an artful – rather than governmental – practice. While they each address specific lived experiences of vulnerability, together they offer important understandings of care that extend into our interpersonal, social, professional, and community relations more broadly.

fig. 12 *Neutrophil counts*, first week of January 2013. From Tom Corby, *Blood and Bones: Metastasing Culture*, University College Hospital, London, 2019

fig. 13 *Platelet counts*, first week of January 2013. From Tom Corby, *Blood and Bones: Metastasing Culture*, University College Hospital, London, 2019

⁷⁵ Peg Rawes, “Unusual Alliances?,” *Radical Philosophy* 2, no. 2 (2018), 122–4.

figs. 14–16 *Drip*, 2013; *Inject*, 2013; *Hand and cannula*, 2013. From Tom Corby, *Blood and Bones: Metastasing Culture*, University College Hospital, London, 2019 → p. 118, 121, and 122

